

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2002**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning January 1, 2002, and ending December 31, 2002

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization  
22q13 Deletion Syndrome Foundation

Number and street (or P O box if mail is not delivered to street address) Room/suite  
2 Doctors Dr

City or town state or country and ZIP + 4  
Greenville, SC 29605-

D Employer identification number

04:3673104

E Telephone number

(804) 250-7944

F Enter 4-digit (GEN) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method  Cash  Accrual  
Other (specify) ▶

I Web site ▶ www.22q13.com

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one)  501(c) (3) (insert no)  4947(a)(1) or  527

K Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 39348.31

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions)

1	Contributions, gifts, grants, and similar amounts received	1	<u>39348.31</u>
2	Program service revenue including government fees and contracts	2	<u>0</u>
3	Membership dues and assessments	3	<u>0</u>
4	Investment income	4	<u>0</u>
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	<u>0</u>
6	Special events and activities (attach schedule)		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	<u>0</u>
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	<u>0</u>
8	Other revenue (describe ▶)	8	<u>0</u>
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	<u>39348.31</u>
10	Grants and similar amounts paid (attach schedule)	10	<u>0</u>
11	Benefits paid to or for members	11	<u>39348.31</u>
12	Salaries, other compensation, and employee benefits	12	<u>0</u>
13	Professional fees and other payments to independent contractors	13	<u>0</u>
14	Occupancy, rent, utilities, and maintenance	14	<u>0</u>
15	Printing, publications, postage, and shipping	15	<u>0</u>
16	Other expenses (describe ▶)	16	<u>0</u>
17	Total expenses (add lines 10 through 16)	17	<u>39348.31</u>
18	Excess or (deficit) for the year (line 9 less line 17)	18	<u>0</u>
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>0</u>
20	Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	<u>0</u>

**Part II Balance Sheets**—If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>0</u>	<u>0</u>
23 Land and buildings	<u>0</u>	<u>0</u>
24 Other assets (describe ▶)	<u>0</u>	<u>0</u>
25 Total assets	<u>0</u>	<u>0</u>
26 Total liabilities (describe ▶)	<u>0</u>	<u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>0</u>	<u>0</u>

For Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form **990-EZ** (2002)

SCANNED MAY 28 '03

RECEIVED  
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Expenses  
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Part III Statement of Program Service Accomplishments (See page 39 of the instructions)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

What is the organization's primary exempt purpose? attached

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, or other relevant information for each program title

Table with 2 columns: Description of program service and Expenses. Row 28: International conference held in Greenville, SC, in July 2002... 47 families and 6 scientists attended. (Grants \$ 39348.31) 28a 39348.31. Row 32: Total program service expenses (add lines 28a through 31a) 32 39348.31

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 40 of the instructions)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: attached

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

Table with 3 columns: Question, Yes, No. Rows include: 33 Did the organization engage in any activity not previously reported to the IRS? (No) 34 Were any changes made to the organizing or governing documents but not reported to the IRS? (No) 35 If the organization had income from business activities... (No) 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (No) 37a Enter amount of political expenditures... (0) 38a Did the organization borrow from, or make any loans to any officer, director, trustee, or key employee... (No) 39 501(c)(7) organizations... (0) 40a 501(c)(3) organizations... (0) 41 List the states with which a copy of this return is filed (South Carolina) 42 The books are in care of (Gail Stapleton) Telephone no (864) 250-7944 Located at (2 Doctors Dr, Greenville, SC) ZIP + 4 (29605) 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 (No)

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please (Signature) Date 5/7/03 ef Financial Officer

Date Check if Preparer's SSN or PTIN (See Gen. Inst. W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2002**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

22q13 Deletion Syndrome Foundation

Employer identification number

04-3673104

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 . . . . . ▶ 0

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ 0

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A or line I of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e Transfer of any part of its income or assets? . . . . .		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below) . . . . .		X
4 Do you have a section 403(b) annuity plan for your employees? . . . . .		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10 11 or 12) *Use cash method of accounting*  
**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28).	0				0
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					0
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24.				26a
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b
	c Total support for section 509(a)(1) test Enter line 24 column (e)				26c
	d Add Amounts from column (e) for lines 18 _____ 19 _____				26d
	22 _____ 26b _____				
	e Public support (line 26c minus line 26d total)				26e
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f %
27 Organizations described on line 12	a For amounts included in lines 15 16, and 17 that were received from a "disqualified person" prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year				
	(2001) 0	(2000) 0	(1999) 0	(1998) 0	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11 as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				
	(2001) 0	(2000) 0	(1999) 0	(1998) 0	
	c Add Amounts from column (e) for lines 15 _____ 16 _____				27c
	17 _____ 20 _____ 21 _____				
	d Add Line 27a total _____ and line 27b total _____				27d
	e Public support (line 27c total minus line 27d total).				27e
	f Total support for section 509(a)(2) test Enter amount from line 23 column (e)				27f
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).				27h %
28 Unusual Grants	For an organization described in line 10 11 or 12 that received any unusual grants during 1998 through 2001 prepare a list for your records to show, for each year, the name of the contributor the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15				

**Part V Private School Questionnaire (See page 7 of the instructions)**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes" please describe if "No" please explain (If you need more space, attach a separate statement ) ..... ..... .....		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff? . . . . .		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c Copies of all catalogues brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain (If you need more space attach a separate statement ) ..... .....		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges? . . . . .		
b Admissions policies? . . . . .		
c Employment of faculty or administrative staff? . . . . .		
d Scholarships or other financial assistance? . . . . .		
e Educational policies? . . . . .		
f Use of facilities? . . . . .		
g Athletic programs? . . . . .		
h Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement ) ..... .....		
34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38	
39	Other exempt purpose expenditures . . . . .	39	
40	Total exempt purpose expenditures (add lines 38 and 39). . . . .	40	
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 . . . . . 20% of the amount on line 40. . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	44	

**Caution** If there is an amount on either line 43 or line 44 you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount . . . . .				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount . . . . .				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

During the year, did the organization attempt to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes		Amount
	Yes	No	
a Volunteers . . . . .		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
c Media advertisements . . . . .		X	
d Mailings to members, legislators or the public . . . . .		X	
e Publications, or published or broadcast statements . . . . .		X	
f Grants to other organizations for lobbying purposes . . . . .		X	
g Direct contact with legislators, their staffs government officials or a legislative body . . . . .		X	
h Rallies demonstrations, seminars, conventions, speeches, lectures or any other means . . . . .		X	
i Total lobbying expenditures (Add lines c through h) . . . . .			0

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

**2002**

Name of organization

22q13 Deletion Syndrome Foundation

Employer identification number

04 : 3673104

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule** (Note. Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule—see instructions)

**General Rule—**

For organizations filing Form 990, 990-EZ or 990-PF that received during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

**Special Rules—**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1 000 (If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) . . . . . ▶ \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990 Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990 990-EZ, or 990-PF)

Name of organization  
22q13 Deletion Syndrome Foundation

Employer identification number  
04 3673104

**Part I** Contributors (See Specific Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>The Mikel Foundation</u> <u>PO Box 490</u> <u>Sullivans Island, SC 29482-0490</u>	<u>\$ 22,500.00</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>	<u>Greenwood Genetic Center</u> <u>One Gregor Mendel Circle</u> <u>Greenwood, SC 29646</u>	<u>\$ 16,848.31</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

22q13 Deletion Syndrome Foundation

Employer identification number

04:3673104

**Part II** Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—	..... <u>NONE</u> .....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....
—	.....	\$ .....	...../...../.....

Name of organization

22q13 Deletion Syndrome Foundation

Employer identification number

04-3673104

**Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once—see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	NONE		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....		.....	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....		.....	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....		.....	
—			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....		.....	

990 EZ, Part III

The Corporation is organized for the following more specific exempt purposes

- i To promote and conduct educational activities regarding the genetic disorder known as 22q13 Deletion Syndrome, including the reason(s) the disorder occurs and its physical effects upon the persons having the disorder,
- ii To conduct periodic conferences and publish literature intended to educate the families of persons affected worldwide by the disorder, to provide guidance in the care of the affected family members as research progresses, and to further the family members' understanding of the behavioral and physical effects that the defect may produce,
- iii Assist the Greenwood Genetic Center and other genetic research organizations in their study of the genetic disorder by, among other things, bringing persons with the defect and their families to locations where the genetic research organizations may take blood specimens, study the behavioral and physical attributes of persons having the defect and conduct other research activities
- iv To solicit contributions of any kind to this corporation, provided that the corporation has the power to reject any gift made subject to any condition which the corporation believes to be in conflict with its policy or the best interests of this corporation,
- v To make distributions to organizations that themselves qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding section of any future Federal tax code), and
- vi In addition to the foregoing purposes, to do any and all lawful acts and things and to engage in any and all lawful activities permitted by the South Carolina Nonprofit Corporation Act of 1994, as amended from time to time or any successor act, and permissible for an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding section of any future Federal tax code) which may be necessary, useful, suitable, desirable, or proper for the furtherance, accomplishment, or attainment of any and all the purposes for which the corporation is organized.

22q13 Deletion Syndrome Foundation  
EIN #04-3673104

22q13 Deletion Syndrome Foundation Officers  
990 EZ Part IV

	(B)	(C)	(D)	(E)
R. Curtis Rogers, M D Chief Executive Officer 2 Doctors Drive Greenville, SC 29605	1	-0-	-0-	-0-
Gail A. Stapleton, M S , C.G C Chief Financial Officer 2 Doctors Drive Greenville, SC 29605	4	-0-	-0-	-0-
Sue MacDonald-Lomas, President 830 Golf Drive Venice, FL 34285	4	-0-	-0-	-0-
Nick Assendelft, Vice President 34236 Kercheval Clinton Township, MI 48035	1	-0-	-0-	-0-
Rory Jones, Secretary 27 Desjardins Court Hamilton, Ontario L8S 3R7 Canada	1	-0-	-0-	-0-
Katy Phelan, Ph D Director Erlanger Children's Hospital Chattanooga, TN	4	-0-	-0-	-0-
Mark Clayton, M D. Director 29 North Academy Street Greenville, SC 29601	1	-0-	-0-	-0-
Mary Pat O'Callaghan Director 3726 Dunn Avenue Lincoln, NE 68502	1	-0-	-0-	-0-